

Special Milk Program (SMP) Daily Milk Count Form

For information on completing this form, see the Connecticut State Department of Education's (CSDE) [Instructions for the SMP Daily Milk Count Form](#). An Excel version of this form is available on the CSDE's [Forms](#) Web page.

Name of Town or School: _____

Agreement Number: _____

Month and Year: _____

Beginning Inventory:

Day	NUMBER OF MILKS SERVED TO CHILDREN						
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	Free	Served/Paid	Total Milk Served (Column 1 plus column 2)	Total Milk Served Adults	Total 1/2 Pints Consumed Daily (Column 3 plus column 4)	Total Daily Milk Delivery	Milk Leftover at End of Day
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals							

On the Online Claim Form, record the column 1 total in M5a and the column 2 total in M5b.

TOTAL MONTHLY MILK CONSUMED		
A	Beginning Inventory	
B	Month's Milk Purchases	
C	Total Milk Available	
D	Ending Milk Balance	
E	Total Milk Consumed	

Number entered at top of form

Column 6 Total

Add Beginning Inventory (A) and Column 6 Total (B)

Number from Column 7 on **LAST DAY** of the month (NOT Column 7 Total)

Subtract Ending Milk Balance (D) from Total Milk Available (C)

This number must equal the total in Column 5, and is the beginning inventory for the next month.



For more information, see the CSDE's [Menu Planning Guide for School Meals](#) and [Meal Patterns](#) and [Crediting Foods](#) Web pages or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This form is available in Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/smp/smpcount.doc and PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/smp/smpcount.pdf.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

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